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UNCLAS SECTION 01 OF 03 KINSHASA 002083

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SUBJECT: OFDA VISIT TO KALEHE AND MINOVA

1. (U) On October 26, OFDA Rep Victor Bushamuka evaluated the humanitarian and security situation in Kalehe and Minova territories. Security and humanitarian access has improved along the entire axis Kalehe-Minova-Goma, following the reestablishment of FARDC control of Minova in September. Most of Kalehe and Minova residents living along the road have already returned to their villages. However, there is still a general fear among the population of possible attacks from the hills of Kalehe by Interahamwe elements and the remnants of Nkunda forces. In addition, a cholera epidemic has emerged in all villages from Kalehe to Minova, with 109 cases registered in Bushushu in three weeks and 159 cases registered in Minova in two weeks. IRC has been assisting cholera victims in Kalehe and the DRC government has promised assistance to Minova victims. Although the epidemic appears to be under control in areas receiving assistance, the situation could reach uncontrollable proportions in Minova and isolated areas if not quickly and appropriately addressed. END SUMMARY

Background

2. (U) OFDA Rep Victor Bushamuka visited the territories of Kalehe and Minova on the axis Bukavu-Goma in South-Kivu Province on October 26. The object of this visit was to assess the security and humanitarian situation in the areas after their liberation from forces loyal to ex-RCD/Goma commander Laurent Nkunda. During the visit, OFDA Rep stopped in Kalehe, Bushushu, Lushebere, Nyabibwe, Kiroitse and Minova, and met with health care providers and administrative authorities to discuss the prevailing health and security situation in the areas.

3. (U) The territories of Kalehe and Minova are located between Bukavu (capital of South Kivu) and Goma (capital of North Kivu). Kalehe is about 65 km and Minova about 150 km north of Bukavu. Nkunda forces passed through these territories in late May on their way to briefly capture Bukavu and in June-August on their retreat from Bukavu. These dissident forces established temporary bases in Kalehe, Nyabibwe, and Minova. The presence of Nkunda's forces was characterized by killings, harassment, pillaging, rapes and other violence that caused massive displacement of an estimated 40,000 civilians. Some Kalehe and Bushushu residents fled westward to the hills while others took refuge eastward on small islands in Lake Kivu. The displacement of the population of Lushebere, Nyabibwe, and Minova was along ethnic lines, with the Tutsi Rwandophone population moving north toward Goma, an area controlled by forces loyal to the RCD-G, and non-Rwandophones fleeing to small islands including Cigera and Tshime.

4. (U) 10th Military Region troops initiated an offensive against Nkunda's forces in July, pushing them north and reestablishing government control of Kalehe and Bushushu in August, and Nyabibwe and Minova in September.

Security and Population Return

5. (U) OFDA Rep found, throughout the visit, that the axis from Kalehe to Minova was controlled by forces under the command of the 10th Military Region. Although these soldiers established several military check points along the road, vehicles were only checked for weapons at the entry of the territory of Kalehe and at the border between South and North Kivu. The other checkpoints only provided an opportunity for soldiers to ask for cigarettes. FARDC positions could also be seen on hillsides along the road from Kalehe to Minova.

16. (U) According to Kalehe and Minova residents, security has improved for villages located along the main roadside. Interahamwe living in the National Parc of Kahuzi Biega, as well as the remnants of General Nkunda's soldiers, often attack villages in the hills, raping, pillaging, and killing civilians. This has led to the displacement of the population from the hills to Kalehe, Nyabibwe and Minova, which are currently under FARDC control. Despite the heavy presence of FARDC soldiers along the road, there is still a general fear among the population of possible attacks in villages by Interahamwe or the remnants of Nkunda forces.

17. (U) The Administrator of the territory of Kalehe indicated to OFDA Rep that almost the entire population from villages along the road who fled the fighting have already returned. The IDP camps that were established in Kalehe, no longer exist, as most of the occupants have returned to their villages. However, IDPs from the hills of Kalehe, whose areas are still considered insecure, remain in Kalehe itself, although most have been placed in host families. Although many Minova residents have also returned, the return of Rwandophones, especially Tutsi, has apparently been cautiously slow. In addition, recent confrontations between two newly-integrated FARDC battalions, ex-ANC and ex-Mai-Mai forces, in the hills near the border of North and South Kivu around the village of Bweremana are reported to have displaced an estimated 2,000 new IDPs to Minova.

Cholera Outbreak among Returnees

18. (U) Upon arrival in Bukavu, the OFDA Rep was briefed by the medical staff of the International Rescue Committee (IRC-USA) regarding the outbreak of cholera in villages along the axis Kalehe-Minova. During the visit, OFDA Rep observed that the areas most affected by the epidemic were Minova and Bushushu. At the time of the visit, Minova had registered about 159 cases and three deaths in two weeks, and Bushushu registered 109 cases in three weeks. Other areas affected included Kalehe center with 6 cases, and Lushebere and Nyabibwe with 2 cases each in the week prior to the visit.

19. (U) According to health officials, these statistics represent only a fraction of cases. Only people living closer to health centers or those who can travel are able to seek assistance from health centers, and therefore, the only ones counted. People living in isolated areas often try traditional medicine before visiting health centers. The case of Mulolo peninsula, a village of pygmies believed to be the most heavily hit by the epidemic, was pointed out to the OFDA Rep. Because of Mulolo's isolation (15 km from Nyabibwe) only two people from Mulolo have been so far able to reach the health center since the outbreak was first announced three weeks ago in the area.

110. (U) Cholera bacteria proliferate in areas with inadequate sanitation facilities. The majority of initial victims were IDPs on the island of Cigera, which had no clean water nor proper sanitation facilities. In addition, strong seismic activity in July 2003 in the aftermath of the 2002 volcanic eruption in Goma damaged a number of wells in Bushushu, Kalehe, and Minova that required constant maintenance. Due to lack of maintenance during the period of insecurity, most wells were found to require major rehabilitation when people returned to their villages. As a result, returnees in these areas relied on the lake and river as main sources of water, which is believed to have contributed to the spread of a number of diarrheic diseases, including cholera.

Humanitarian Assistance

111. (U) IRC has been assisting cholera victims with all necessary medication in the territory of Kalehe, including Kalehe center, Bushushu, and Nyabibwe. Isolation structures have also been established and the damaged water systems in Kalehe have been rehabilitated by IRC. New wells were also contracted in areas where the population has increased due to a high influx of IDPs. Unlike in Kalehe and Nyabibwe, Minova cholera victims do not yet have similar level of assistance. MSF (Medecin Sans Frontieres) Holland started to provide perfusion drugs to the Minova health center. However, according to Minova health providers, the assistance does not yet meet their needs in medication. In addition, at the time of the OFDA Rep's visit, no structure existed for the isolation of cholera patients in Minova. The DRC government, through the Central Health Bureau and the Societe Nationale de Hydraulic Rural, promised antibiotics to the health center and pledged to rehabilitate the damaged wells in the area. Until the DRC government fulfills its promise, the cholera epidemic probably will continue to claim victims in Minova.

Conclusion

¶12. (U) Security improvement and people's desire to quickly re-establish their economic activities has expedited the movement of people among villages along the axis Kalehe-Minova. Heavy movements of people not only facilitates exchange of goods, but also the transmission of diseases. Although the epidemic appears to be under control in areas that receive assistance, it might reach uncontrollable proportions if the situation in Minova and its surrounding isolated villages is not carefully monitored and quickly addressed.

¶13. (U) Bujumbura minimize considered.
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